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A Dissertation on Cynanche Laryngea or Laryngitis

by

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Cynanche Laryngea
or
Laryngitis

It appears to be a wise provision of Nature, that the seat of this affection should be endowed with peculiar powers of vitality, resisting with great pertinacity the noxious influences to which it is constantly exposed. Laryngitis may, therefore, be pronounced a disease of rare occurrence. To this circumstance, and the few opportunities afforded for the prosecution of post-mortem examinations we must attribute the silence of most of the early writers upon the subject. Slight mention is indeed made by Hippocrates, / Prænotiones Coacæ. p. 162. Geneva Ed. 1657. / by Celsus, Cælius Aurelianus / de morbis acutis et chronicis Amstelodami 1622. /

Riverius, Paulus, Morgagni /de sedibus et causis morborum Epist. 44. 3./ Lieutaud, Van Swieten's commentaries on Boerhaave's aphorisms, Vol. 8th. Edin. Ed. 1776. But no account embracing a full description of this disease or its history is afforded us by them.—

The English Physicians appear to have been the first, who seriously investigated the character of Laryngitis. To this investigation they were led by the loss of two of the most eminent of their profession who had become its victims.——— David Pitcairn and Sir John Macnamara Hayes; whose cases are fully described in a paper by Dr Baillie, recorded in the 3rd Vol. of the Transactions of a Society for the improvement of medical and chirurgical knowledge. /1812./——— Soon after the publication of this paper, a number of cases were reported in the different periodical Journals, particularly in those of England, and among which appears an excellent dissertation by

J. R. Farre, to be found in the 3rd Vol. of the Medico-chirurgical Transactions.

Cases of Laryngitis have occurred in the United States. A fatal instance is presented to us in the case of the Illustrious Washington, described in Marshall's work / Vol. 5th / — In an Essay on Croup by Dr Dick of Alexandria / 1808. / Laryngitis is noticed, and is considered by him the worst form of the disease —

<u>Symptoms of Laryngitis.</u> — This disease usually exhibits in its commencement the symptoms incident to common sore throat, attended by little or no arterial excitement. These symptoms are followed in about twelve, twenty four, or forty eight hours by slight, or as it sometimes happens, by very acute pains in the larynx, much increased by pressure, and aggravated by swallowing. Difficulty of respiration ensues with great hoarseness, sometimes amounting to suppression of the voice.

The Inveterate form of Laryngitis may be discovered in the inability to swallow either fluids or Solids— the smallest portions being rejected by coughing, or violent retching, the probable cause of which may be attributed to inflammation of the Epiglottis and the sympathetic irritation of the pharynx, causing spasm of the part.—

On inspection, the fauces appear to be slightly inflamed, with but little or no swelling of the tonsils, or velum pendulum palati. It sometimes happens, however, that the tonsils are much swollen, one usually more than the other. The tongue is also swollen and by pressing it forwards from the mouth, which occasions great pain, the Epiglottis may be discovered in the same state and much inflamed, resembling in its appearance a ripe cherry.

— The pulse is but little affected and the attendant fever slight.— Laryngitis is often marked by symptoms mild in their character. This insidious form of the disease is distinguished at first, by a

slight soreness and inflammation of the throat, unaccompanied by fever. Thus constituted, the symptoms may continue some days, when the unsuspecting patient is suddenly apprised of his danger, by a severe spasmodic constriction of the larynx. Respiration is performed with continued and convulsive efforts, there being two or three inspirations to one expiration.

The patient discharges phlegm, or mucous, which is sometimes hardened and bloody. The face becomes swollen and flushed, and the neck, which is turgid, assumes a purple hue. From the great determination of blood to the head, a disposition to sleep very often occurs.—

General Remarks. The condition of the Prima Via varies. At first the stomach is irritable, much disordered by vomitings, sometimes of bile; in one case, remarked by Professor Chapman, a fluid as limpid as in pyrosis was discharged, the mouth becoming affected as in the deepest salivation.

At this period, the bowels are free or easily moved, and though soreness of the throat exist, it is without oppression or difficulty of breathing. At a later period, however, the stomach and bowels become torpid, and insensible to the usual doses of medicine, so that large quantities are required. Under these circumstances, if the disorder be not arrested, the symptoms become violent, the pulse sinks, the skin is cold and pallid. The dyspnœa is distressing, possessing the intonation peculiar to croup, from constriction of the glottis. Oppression of the chest arises, / from effusions into the Bronchiæ and cellular structure, / accompanied by spasmodic exacerbations inducing great agitation, and terminating in temporary suffocation. The features of the patient become greatly distorted, the eyes wild, bloodshot, and protruded. The mouth is open, the tongue being thrust forwards, the face, covered with drops of sweat, assumes a leaden hue.

These convulsive paroxysms having subsided, there is a

mitigation of pain, but of short duration, at their return, death finally ensues. The duration of this disease is from three to five days.

The Causes of Laryngitis are those common to the phlegmasia generally. Cold, especially with moisture; variations of temperature; probably a predisposition originating in frequent and severe attacks of sore throat. In some instances, the disease, may be produced by a peculiarity of structure or conformation of the ~~lungs~~ larynx. This is exemplified by a remark of professor Chapman, that "in one family of this City, four children have died of the same complaint, and nearly at the same age, between the third and fifth year." That Laryngitis should be an hereditary disease, is fully confirmed by its analogy to croup. It may sometimes be traced to the extension of inflammation from the adjoining parts, as in putrid sore throat. Cases are recorded of its being induced by irritation of tumours, abscesses of the pharynx, or aneurism of the

adjoining blood vessels. It may be generally remarked that any cause, directly, or remotely, inducing inflamma-tion of the larynx, may engender the disease.

The inhalation of the steam of boiling water, explosion of steam engines have in some instances produced it. Laryngitis in its nature may be Epidemical. During the season in which Drs. Pitairn and Hayes died, it was observed that inflammations of the lining membrane of the Trachea and bronchia were far more frequent than had occurred for some preceding years. (a.)

<u>The Appearances on Dissection</u> are such as might reasonably be expected from the effects of violent inflammation in an organ so delicate. They vary in proportion to the violence and extent of the inflammation, the comparative vital strength of the part, and the number of tissues affected. We sometimes find only slight inflammation of the lining membrane of the Glottis, with serous effusion

(a.) Vol: III. of the trans: of a Soc: for the improv: of medical and chirurgical Knowledge. -

beneath it, causing suffocation by stricture of the part. [a] We sometimes observe a higher degree of inflammation in the same membrane, which is much thickened — Extravasations of coagulated lymph are more or less common. It is sometimes covered with pus, which is also collected in the sacculi Laryngis, or forming abscesses between the muscles of the larynx —

The Epiglottis is usually affected; being swollen, erect; slightly or highly inflamed, often leaving the Glottis uncovered. The Trachea is seldom and but slightly affected. The membrane peculiar to croup has not, I believe, been observed. The root of the tongue and the tonsils are occasionally swollen. The velum pendulum palati together with the lining membrane of the fauces and pharynx more or less inflamed, and sometimes vesicated. [b]

The disease being occasionally complicated, presents the terminations of the bronchia filled with mucous, or lymph, and the cells of the lungs so loaded with effusions of

[a] Medico-Chirurgical Trans: Vol: III.
[b] Vid: the above.

serum or dark blood that they will not collapse. Adhesions of the pleura occasionally exist.

Laryngitis may be confounded with two diseases——— Trachitis and Cynanche Tonsillaris. From the former it may be distinguished, by the swelling and inflammation of the fauces, pain and uneasy sensations in the larynx, partial or entire suppression of the voice, which also happens occasionally in Trachitis. Difficult and painful deglutition, the absence of cough and a constant increase of difficult respiration. The ringing sound or intonation peculiar to croup, is of little importance. It is said to occur frequently in the catarrhal affections of children during dentition. (a) Laryngitis is also distinguished from croup by the age at which it appears, the former being incident to adult age, the latter to that of childhood. This disease is distinguishable from Cynanche Tonsillaris by inspecting the parts, which (in the former) exhibit less swelling of the tonsils and fauces,

(a) Vide. Medico-chirurgical Trans: Vol: III.

and the Epiglottis may be seen erect and swollen
By pulling the tongue forwards great pain is occasioned.
Of the Prognosis in this disease, it may be remarked, that unless it be treated by the most powerful means and at an early stage, it will most generally prove fatal. It is probably one of the most inveterate diseases we have to contend with; and when, by the violence of the attack itself, or inappropriate treatment, disorganization of the parts about the Glottis, or effusions into the lungs have taken place, it must prove fatal. The other moribund symptoms exhibit themselves in the violent beating of the heart, thrown out as it were from its natural position, difficult and laborious respiration, by which the immediate danger is manifested; livid lips, and hippocratic countenance. The favourable symptoms are of course the reverse, gradual subsidence of the difficult respiration, nonoccurrence of the mortal symptoms.

Of the Pathology. The symptoms and appearances on dissection distinctly exhibit the seat of this disease, and from the number of tissues involved, we are led to believe that the morbid action partakes of the nature of spasm and inflammation. In this particular it is nearly allied to croup. The peculiarity of the symptoms and the difficulty of arresting the progress of this disease arise from its location in the glottis and subjacent parts.

It differs from Tracheitis by the extension of violent inflammation from the mucous membrane lining the larynx, to the cellular substance and muscles beneath, forming extensive abscesses and disorganizing the structure of the glottis; instead of being confined to the mucous membrane lining the Trachea, and but slightly affecting the larynx by irritation or spasm.

Of the Treatment. In the treatment of Laryngitis, the indications presented are plain and simple, and whatever symptoms may subsequently complicate the disease, they will be found generally of

a secondary nature, their removal depending upon the cure of the primary disease in the larynx.

When first called, on the accession of the disease, or when the patient complains of pain in the larynx, difficulty of deglutition, that cannot be explained by inspecting the fauces, and impeded respiration from constriction of the Glottis, we should immediately commence with copious venesection to make a decided impression on the system and to moderate the violent inflammation in an organ so delicate, which, if not checked, will terminate in disorganization of the part. In a case of this description, we cannot temporize. To save the patient, the most energetic means should be adopted. To remove the constriction of the Glottis and lessen the difficulty of respiration, venesection ad deliquium animi is the only efficient remedy, that can be employed, and it also moderates the existing tendency to serous effusion into the lungs, and removes congestion.

The pulse is no guide, and the apparent prostration of the system, is not to be taken into consideration. The system in this case is oppressed, and the difficulty of respiration, the chief indication of danger. Of the propriety of this mode of treatment, there can be no doubt – Not a single instance of recovery is to be met with on record in which venesection was not extensively practised and confidently recommended. The extent, however, to which it has been carried, varies and must of necessity. In two cases, between thirty and forty ounces of blood were drawn before syncope was induced. One of the patients had been previously bled three times – seven blisters had been applied –, purging and antimonials ~~applied~~ employed without effect. The other had undergone the same treatment but to a less extent. [a]

Other cases, recorded in the different Journals, might be cited. — As an auxiliary to venesection, emetics are undoubtedly useful. They unload the stomach of the foul accumulations it sometimes contains, relax the system,

[a] Vide. Vol: XI: Med: chirurg: Trans: and Vol: XII. Edin: Med: & surgical Journal. 1816.

and lessen the disposition to spasm. They have a tendency to subdue arterial action and excite the surface, which is usually hot and dry, or cold and clammy. [a]

The emetic to be preferred is a combination of Ipecac: Tart: emetic, and calomel, highly recommended by Professor Chapman in the treatment of Croup, as the most certain preparation.

The Stomach in this case being torpid, and insensible to the action of medicines, the dose must be large and promoted by copious draughts of warm water or camomile tea. The warm bath would be an useful adjunct, and has been advantageously employed. [b]

As a proof of the insensibility of the stomach, there is described, in the paper just referred to, a case in which three drachms of Ipecac: and twenty grains of Tart: emetic in divided doses were given that produced but little vomiting. It was however, followed by relief in respiration and moistening the surface.

After the operation of the emetic, the bowels should

[a] Vide. N. York. Medical and Physical Journal No. VIII. and Edin. Med: and Surgical Journal Vol. X.
[b] Vide Paper by Dr. C. Bliss. Trans: Physico-Medical Soc: of N. York.

be freely and actively purged with calomel alone or in combination —— which is administered for the same reasons as in croup. —— In conjunction with the means prescribed, I would suggest the application of Cold to the larynx. In all the resources of our art, there scarcely is a remedy better fitted to obviate or counteract inflammation, however induced. I perceive no substantial reasons why it should be rejected in the treatment of this disease. It is an opinion generally received, that Cold in diseases of the throat and chest is injurious, tending to aggravate the affection. This opinion I think has been too strictly maintained. The same cause inducing a disease may also accelerate its cure. Cold, though originating diseases of the throat and chest, may be made subservient to their eradication. —— In Surgery, it is employed as one of the chief and most important means to lessen arterial action; and there is scarcely a case of active inflammation of Knee joint, Hip or any other part of the body

in which its application would be improper.
As an application in Conjunctivitis it is one of the best; and in the treatment of cases in which determinations to the head exist, or inflammation of the brain presents itself, it is constantly resorted to. Hence, I am ~~induced~~ induced to believe that, in cases of the disease now under consideration, the application of cold would tend to moderate the inflammation of the larynx, promote Resolution and, from its acknowledged sedative powers, remove the disposition of the Glottis to spasm, make the respiration more free and the state of the patient generally better. In the Philadelphia Medical Journal, (Aug: 1826.) under the head of European Intelligence, two cases of croup are stated as having been successfully treated by cold effusion, and that the application of evaporating lotions to the neck are considered equally useful. In the advanced and sinking stages of the disease, these applications were made, and similar beneficial results might

reasonably be expected, in the incipient stage of laryngitis before the powers of the system are overcome.

Should the treatment I have prescribed fail, or in other words, should the symptoms at the second stage become more alarming, we must resort to other means. It is well known that however far general blood-letting may be extended, it will not uniformly cure local inflammation. Hence, the most efficient course to be pursued is that of local bleeding, by cups or leeches.

But here a question arises. Should the blood be extracted from a spot immediately over the larynx, or from a more distant part? The solution is difficult, and presents points upon which practitioners differ. In inflammations of the eye, it is a curious fact, that leeches applied to the temples have frequently aggravated the affection —— The irritation instead of deriving blood from the eye, causing an afflux of blood to the part, increasing the inflammation. And again, when applied to the back of the ear or neck, they have acted

beneficially as Revulsives. The same may be observed of other parts of the body. I am disposed to think that leeches, applied directly over the larynx, might prove injurious and should prefer cold applications to the part, at the same time administering nauseating doses of Calomel and tartar emetic. The last has been highly recommended.

a./ REVULSIVES are one of the most powerful adjuncts used in the treatment of Inflammations generally, and we find them frequently resorted to in the inflammatory affections of the internal organs, as well as parts more externally situated. Of these, leeches, or cups, applied to the back of the neck and shoulders, are to be preferred. They deplete at the same time they divert action from the diseased part. Much reliance is generally placed upon the use of Blisters, and from their high reputation in the treatment of inflammatory affections, we should expect much. They have however, proved but of little advantage in this disease. Being usually applied directly over

a./ Ride. Vol: III: Med: Chirurg: Transactions. Edin: Med: and Surgical Journal. Vol: X. and N. York. Med: and Physical Journal No. VIII.

the larynx they appear to have aggravated the complaint. Not a single case is to be met with, in which, when thus applied, they have proved of the least benefit.

Their application to the back of the neck and shoulders would probably be most judicious, after leeches or cupping have been employed. They should be repeated or the discharge promoted by stimulating dressings.

The breast should be covered with a large blister to obviate the tendency to serous effusion exciting in the lungs, and to invite action to a more distant part. Some excellent observations by Sir Gilbert Blane, on the subject of Laryngitis are to be met with in the sixth Volume of the Medico-Chirurgical Trans:.

<u>Rubefacients</u> have been employed, but they should give place to blisters of acknowledged utility. As palliatives, Inhalations have been called into requisition. They are chiefly of a mild character, such as the vapour of hot water, or hot vinegar and water, &c. In a case, stated by Sir Gilbert Blane, the inhalation of

[a] Vide Trans: Physico-Med: Soc: at N. York.

oxygen gas arrested the disease and effected a cure. They are certainly worthy attention —

Iodates have attracted little notice, their utility appears doubtful; when combined, however, with emetic tartar and calomel, they may serve to lessen the irritability of the system.

If the treatment already suggested were actively and rigidly pursued, it is probable that few cases would resist its effects. But it sometimes happens that we are unsuccessful, — the desired action being firmly fixed and maintained. At this period, about the conclusion of the second stage, the patient labours under great difficulty of respiration, constantly threatened with suffocation. The operation of Tracheotomy appears to be the only means, by which the life of the patient can be ensured. The most important point for consideration, is the precise time at which it should be performed —

If the patient is in constant danger of suffocation; which sometimes happens suddenly, the operation must be per-

-formed early. In the third stage the difficulty of respiration is much increased, the vessels of the lungs become oppressed, and relieve themselves by a serous effusion into the cells of the Bronchia, being at same time engorged with blood. This fluid cannot now undergo the changes subservient to life, and, from the deprivation of a sufficient access of air, assumes the venous character. Hence the action of the heart is diminished from the deficiency of its own proper stimulus, the arterial blood. The functions of the Brain, also, become impaired, and the system rapidly sinks. — To prevent the occurrence of the moribund symptoms described, it is strongly recommended by Baillie to operate, the disease continuing longer than thirty six hours, before the lungs have become implicated. It is urged to operate at an earlier period, or as soon as the least evidence exists of a serous effusion about to take place in the lungs. The Stethoscope might satisfy the practitioner on this point. The operation in this disease promises

more than in croup, the lungs being generally less implicated. (b) commonly performed, however, it is of little advantage, the opening made being too small and the canula introduced frequently blocked up with inspissated mucous, and causing by its presence in the trachea much irritation and coughing, aggravating the complaint. The operation as performed by Dr Physick is preferable. Carmichael of Dublin, has operated successfully by a new mode, in which no foreign substance is required to keep open the incision. It consists in dividing two or three rings of the trachea, below the thyroid gland, and cutting out pieces in such manner as to form an opening of a rhomboidal figure. — The incision is made immediately below the thyroid gland and carried down to within a finger's breadth of the sternum, in length about an inch and a half. The edge of the knife, after the division of the skin, is to be directed upwards. (a) Tracheotomy is not of modern date. It is noticed by the earliest writers. —

(a) Vide. Trans: of Dublin College, Vol. 4th. 1824.

It is spoken of by Hippocrates, who recommends in some cases the introduction of a tube into the throat for the patient to breathe through. Galen mentions it as proposed by Asclepiades, and Paulus describes the operation, which consisted in cutting through the spaces between the third and fourth cartilages.— Avicenna recommends it in violent cases of Angina.— The operation is without much danger and attended with but little pain. Wounds of the trachea often occur of much greater extent and of a worse character. Mr. Louis, a distinguished surgeon, remarks, viz "I think Bronchotomy should be first performed, and afterwards bleeding, purging, &c, to reduce swelling and inflammation," "I affirm", continues he, "that bronchotomy, whether we regard the mode of execution, the parts divided, or the consequences of the operation, even if it were performed on a healthy person, without necessity, would not be attended with greater inconvenience than common bleeding." The opinion of this gentleman is too confidently expressed. It may be remarked, however, that the

pa/ Vide. Mem. de l'acad. de Chirurg: tome 4th: P. 488.

operation in question is comparatively safe, and, from its beneficial results, would be proper even were greater risks incurred.—

In conclusion it may be remarked, that the disease which forms the subject of this paper, should be met by the practitioner in the boldest and most energetic manner, every step is important and should be marked by discretion and firmness.—

Chronic Laryngitis.

This form of the disease is interesting and important. It is more common than the acute, and usually assumes the appearance of Phthisis Laryngea, terminating in a few weeks, or being protracted for several years.— It is sometimes hereditary and to several members of the same family it has proved fatal. The attack is brought on by variations of temperature, especially cold combined with moisture, or ill cured cases of the acute species. Scrofula, Syphilis and the inordinate use of mercury, are also causes. It is remarked by Professor Chapman, "As one of the sequelæ of Measles and Scarlet fever I have often seen it in the form of protracted hoarseness with tenderness of the larynx and occasionally convulsive cough." It is probable an elongation of the uvula may produce the disease, as it has been known to originate Phthisis Pulmonalis. The primary form is gradual and obscure. Commencing with uneasy sensations about the

superior part of the trachea, which are soon converted into pricking pains, succeeded by stiffness and a slight degree of impeded respiration. There is a partial suppression of the voice, accompanied by a paroxysmal cough, and slight febrile excitement. The symptoms enumerated increase, until the disorder reaches its acme, when it is marked by long catching inspirations, with the peculiar croupy sound from spasm of the glottis. An expectoration of thick, tenacious mucous at the same time takes place. The lungs become involved sympathetically, and we have pain in the chest, frequent pulse, hot skin, flushed face, a florid tongue, night sweats, constipation of the bowels or the reverse, and all the phenomena of Hectic fever, constituting Phthisis Laryngea. The patient at this period suffers greatly from impeded respiration, flakes of coagulated lymph and fleshy substances, mixed with blood and pus are expectorated, relieving the violent cough incident to this stage. It occasionally assumes the remittent type, continuing two or three years; violent in the winter,

gradually declining in the spring, and becoming milder in the summer. It recurs in the winter and with violence. (a.)

The Appearances on Dissection. On dissection, the membrane lining the larynx is found much thickened; with œdematous effusion in the cellular substance beneath, or it is only partially thickened, or the part covering the chordæ vocales to so great a degree as to close the Glottis —

We are presented with ulcerations of the Glottis upon which there are occasionally granulations that cause suffocation by closing the part. Ossification and death of one or more of the cartilages of the larynx are sometimes exhibited. (b.) There is a case reported in the same paper in which the symptoms were probably sympathetic of diseased lungs, as no signs of a deranged condition of the larynx were exhibited on dissection. In another case, in which a morbid derangement of the lungs had taken place to a great extent, exhibiting adhesions of the Pleura, effusions of serum and lymph and the other phenomena incident to

(a.) Vide. Lond: Med: Repos: Vol: 1st. No. 100.
(b.) Vide. Paper by Wm. Lawrence, Med.-chirurg: Trans: Vol: 6th

pulmonary consumption, the operation of tracheotomy was performed with apparent success, but the patient died in about eight days after. Upon dissection, the only disease of the larynx was a small opening at its back, under the glottis, leading to a cavity containing the half of the cricoid cartilage bare, loose, and ossified —

At the close of this disease, the lungs are usually affected as in some one of the various species of Consumption. Whether this affection be ever sympathetic of irritation of the alimentary canal is doubtful — We have some slight grounds to believe its existence, as it is well known that cases of croup have been cured by timely evacuations from the bowels. A case proved fatal from the pressure of an aneurismal tumour upon the trachea, when dissection exhibited but a slight diminution of the area of the trachea. The symptoms of Laryngitis in this case, were certainly the result of sympathetic irritation. a.)

<u>The Diagnosis</u> in this affection is easily known, from

(a.) Ride. Med: chirurg: Trans: Vol: 6th

the region and progress of the case.

Of the Prognosis it is sufficient to remark, that the disease will prove fatal if not arrested in the commencement of its course.

Treatment. This disease, which assumes usually the form of Phthisis Laryngea, requires a mode of treatment similar to that pursued in consumption generally — Particular attention being given to the local affection.

The strictest antiphlogistic regimen will be necessary; General blood-letting must be freely exercised in the commencement, especially if there be a phlogistic diathesis; a moderate action on the bowels must afterwards be maintained. Topical bleeding should be next resorted to; in which leeches applied directly over the larynx might be beneficial. But as applied to the back of the neck or shoulders, with cups alternated with blisters, as Revulsives, are preferable. Setons applied to the side of the neck have been recommended, but are inferior to blisters. — The tartar emetic ointment has been used with advantage,

it should be applied to the chest, a large blister, however, would be less painful and equally useful.—

What would be the effect of cold applications to the larynx, is not very apparent. They do not promise as much here as in the acute form of the disease.

After the inflammatory state of the system has been subdued, an alterative course of mercury, combined with opium, cicuta, or some other narcotic, has been recommended. Of the propriety of this course, we have abundant testimony and it is the only one that promises success. In most of the cases recorded, it has been urged to salivation and with decided relief.[1]

In the tenth volume of the same work, we are informed that a case of 11 months standing was cured by Tracheotomy, salivation and other adjuncts.—

Great difficulty of respiration, from spasm of the Rima Glottidis, sometimes occurs during the treatment; at this period, there should be copious venesection, emetics with the warm bath might also be

[1] Vide Med: Chirurg: Trans: Vol. 11th

administered, but at no other stage.

If we are unsuccessful in this mode of treatment we must recur to Tracheotomy. It will relieve the difficult respiration and oppression of the chest. Life has been protracted by it seven weeks. But when the lungs are deeply involved, no local expedient will avail, and as in the advanced stage of genuine Phthisis palliatives only can be employed.

The Sarsaparilla in various forms has proved useful, especially in the Syphilitic, Mercurial and Scrofulous cases. If the disease be local, with but slight affection of the lungs, the constitutional treatment is to be employed with the syrup of Sarsaparilla.

Inhalations may be used as palliatives in the course of the disease, adapting them to the state of the system. The most serviceable are the vapour of tar, æther, ammonia, æther and cicuta. — A combination of Hoffman's anodyne liquor and laudanum might be useful. The extract lactuca has been tried with success in the

irritative cough incident to the disease, and the Hydro-cyanic acid has been recommended in the declining stage where Hectic is present. [a] In the same volume there is a case reported which was arrested for three weeks by the occurrence of Arthritis, on the subsidence of which it returned. It was again suspended by a very painful tumour appearing juxta anum, that discharged so much as to lead to a suspicion that there existed an extensive abscess.

This is the course generally adopted, and though in some cases it is attended with success, yet in the generality of instances our endeavours will prove unavailing. ——

[a] Vide. Lond: Med: Repos: Vol: 15th No. 100.